

15-Jun-11 12:12 Inpatient Adult ****Revised****
Discharge Letter (FY1 (Dr))

PHARMACY DETAILS

Approved by (Initials) am Bleep / Ext 2358 Date: Jun 21 2011 Time: 11.25

Checked by (Initials) sjh Bleep / Ext 85054 Date: Jun 21 2011 Time: 14.05

INPATIENT DISCHARGE LETTER

Hospital Number

DRUG ALLERGIES AND ADVERSE REACTION

None Known, severity: N/A

ANTICIPATED DISCHARGE DATE

Jun 17 2011

PRESENTING COMPLAINTS

Elective admission

PRINCIPAL DIAGNOSIS

Crohn's disease

SURGERY AND OTHER PROCEDURES

Closure of ileocaecostomy

CLINICAL SUMMARY

yr old male admitted electively for the above procedure on 13/6/11. Post op he recovered well. He received a platelet transfusion for low platelets, previously investigated at his local hospital. He was reviewed by Dr , gastroenterology consultant, who started metronidazole prophylactically and requested a colonoscopy in 6 months. Metronidazole should continue for 3 months only, at 800mg twice a day. He will be seen in Dr clinic in 3 months to discuss immunomodulators.

Patient made good progress.

FOLLOW UP ARRANGEMENTS

Details - Dr

Time to appointment - 3 months

CONTACT DETAILS

Letter Completed By: Dr

Bleep Number: 0150

Extension Number:

Alternate Contact Name:

Alternate Contact Extension Number:

Trust Contact Email Address: